

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 66631-8013																									
Application Number 10/623,481 - Conf. # 4558		Filed July 18, 2003																									
For DUAL DRUG DOSAGE FORMS WITH IMPROVED SEPARATION OF DRUGS																											
Art Unit 1618		Examiner YOUNG, M. P.																									
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																											
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;">Fee</th> <th style="width: 15%; text-align: center;">Small Entity Fee</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ 65.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>					Fee	Small Entity Fee		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 65.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																											
<input type="checkbox"/> A check in the amount of the fee is enclosed.																											
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																											
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																											
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional required fees, or credit any overpayment, to Deposit Account Number <u>50-4616</u> .																											
I am the <input type="checkbox"/> applicant/inventor.																											
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.																											
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																											
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,563</u>																											
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.																											
Registration number if acting under 37 CFR 1.34 _____																											
<u>Judy M. Mohr</u> Signature		<u>5.26.18</u> Date																									
<u>Judy M. Mohr</u> Typed or printed name		<u>650-590-0700</u> Telephone Number																									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																											
<input type="checkbox"/> Total of _____ forms are submitted.																											